



Dementia Resource Guide

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Ralph H. Johnson VA Health Care System

The Ralph H. Johnson VA Health Care System Dementia Program

Ralph H. Johnson VAMC is consistently ranked as one of the best VA Medical Centers in the nation. We are glad that you CHOOSE VA and are proud to offer you and/or your loved one specialized care in dementia. Our services include specialists in the following:

- Neurology
- Behavioral Neurology
- Movement Disorders Specialists
- Geriatric psychiatry
- Neuropsychology
- Geriatric Medicine
- Palliative Care
- Social Work
- Caregiver Support Specialists
- Dementia Care Coordinator

Care for Veterans with dementia is provided throughout the full range of VA health care services. Depending on the Veteran's needs, services may include Home Based Primary Care, Homemaker and Home Health Aide, Respite Care, Adult Day Health Care, outpatient clinic, inpatient hospital, Nursing Home, Palliative Care, or Hospice Care. Caregiver support is also an essential part of these services.

This resource guide includes some of the resources that may be helpful to you. It includes both VA and non-VA resources, and it is certainly not all-inclusive. For additional resources, please contact your health care provider or social worker.



Dementia Resources

Updated – 3/31/2022

Disclaimer: The resources listed in this document are not exclusive and this is NOT a full list. Also, the mention of an exact resource in this document does not mean it is endorsed by the Department of Veterans Affairs.

1 CONTENTS

2	General Resources	2
3	Contacting Your VA Social Worker.....	3
4	Veterans Affairs Caregiver Resources.....	4
5	Other Caregiver Support and Support Program(s)	6
6	Video Resources for Caregivers	6
7	Day Programs	7
8	Advanced Directives and Planning.....	8
9	Caregiving Tips	9
10	When Additional Care is Needed	12
11	Driving Concerns.....	13
12	Financial Assistance	15
13	Home Safety Tips	16
14	Books for Caregivers.....	17
15	Research.....	18

2 GENERAL RESOURCES

VA Crisis Hotline: 1-800-273-8255

Specific Organizations:

Alzheimer's: <https://www.alz.org/> 800-272-3900

Parkinson's: <https://www.parkinson.org/>
800-473-4636

Huntington's: <https://hdsa.org/> 800-345-4372

ALS: <http://www.alsfoundation.org/> 508-655-4381

Lewy Body: <https://www.lbda.org/> 800-539-9767

Alzheimer's Association (Charleston)

843-571-2641

800-272-3900 (National)

[Alzheimer's Association | Charleston SC](#)

[Alzheimer's Support Group | Charleston SC](#)

charlestoneldercare.com

Trident Area Agency on Aging

<https://www.tridentaaa.org/aging-and-disability-resource-directory/>

Alzheimer's Support

The Ark of Summerville

www.thearkofsc.org

843-832-2357

Alzheimer's Association (South Carolina)

<https://www.alz.org/sc?set=1>

Berkeley Seniors, Inc. (Berkeley County

residents only) Home delivered meals, In home care, Activity and lunch centers, Wellness activities, Alzheimer's support 843-761-0390

<https://www.berkeleyseniors.org>

Berkeley County Senior Services

<https://www.berkeleyseniorservices.org>

Beaufort County

<https://seniorsresourcedirectory.com/>

Myrtle Beach area

Horry County Council on Aging

<https://hccoa.org/> for Alzheimer's Association

respite grant and caregiver support. This is also for Georgetown County.

Georgia

Alzheimer's Association (www.alz.org/georgia)

Eldercare Locator (www.eldercare.gov)

National Alliance for Caregiver

(www.caregiving.gov)

National Family Caregivers Association

(www.nfcares.org)

Family Caregiver Alliance (www.caregiver.org)

Elder Care Representatives

Kim Ford

Executive Department | Mayor's Office on Aging

City of North Charleston

Office: 843-740-5820 | Cell: 843-614-2068

kford@northcharleston.org.

Jamie Roper | Coordinator

City of Charleston | Executive Department

Mayor's Office on Aging

75 Calhoun Street | Suite 3700 | Charleston, SC 29401

T: (843) 577-1306 | F: (843) 965-

4192 | roperj@charleston-sc.gov |

www.charleston-sc.gov

3 CONTACTING YOUR VA SOCIAL WORKER

***PACT Social Worker Supervisor:** (ext. 6775, 843-543-0916)

North Charleston CBOC (843-789-6400)

Social Worker: (843-323-1479)

Primary Care Teams: PACT 17, PACT 8, PACT 2, PACT 12, PACT 14, PACT 19

Social Worker: (843-252-3635)

Primary Care Teams: PACT 4, PACT 11, PACT 13, PACT 3, PACT 5, PACT 15,

Social Worker: (843-666-4750)

Primary Care Teams: PACT 16, PACT 20, Geri PACT, PACT 22, PACT 24

Social Worker: (843-304-2887)

Primary Care Teams: PACT 9, PACT 10, PACT 1, PACT 26

Social Worker: (ext. 3121, 843-424-6761)

Primary Care Teams: PACT 23, PACT 21

Social Worker: (ext. 7027, 843-301-2763)

PACT 25 (non-SCI PACT panel)

Goose Creek CBOC (main # 843-577-5011)

Social Worker: (ext. 3121, 843-424-6761)

Primary Care Teams: PACT 8, PACT 7, PACT 6, PACT 12

Social Worker: (843-666-4750)

Primary Care Team: PACT 3

Beaufort CBOC (main # 843-770-0444)

Social Worker: (ext. 2822, 843-304-2508)

Primary Care Teams: PACT 1, PACT 2, PACT 4, PACT 5

Myrtle Beach CBOC (main # 843-477-0177)

Social Worker: (843-300-2582)

Primary Care Teams: PACT 10, PACT 12, PACT 11, PACT 8

Social Worker: (843-301-9248)

Primary Care Teams: PACT 1, PACT 4, PACT 3, PACT 13

Social Worker (843-227-6046)

Primary Care Teams: Murphy, PACT 5, Pierre, PACT 6

UNASSIGNED VETERANS

Social Worker (ext. 3121, 843-424-6761)

Homeless-Patient Aligned Care Team (HPACT)

Social Worker: (ext 5471, 843-270-5021)

Savannah CBOC (main # 912-920-0214)

Social Worker: (ext. 2189)

Primary Care Teams: PACT 1, PACT 6, PACT 9, PACT 11, PACT 2

Social Worker: (ext. 2134)

Primary Care Teams: PACT 8, PACT 12, PACT 4, PACT 10

Hinesville CBOC (main # 912-408-2900)

Social Worker: (ext. 2930)

Primary Care Teams: PACT 1, PACT 2, PACT 3, PACT 4, PACT 5, PACT 6, PACT 7

4 VETERANS AFFAIRS CAREGIVER RESOURCES

Ralph H. Johnson VA Medical Center General Caregiver Support Program Coordinators: 843-789-7959
VA Caregiver Support Line: 855-260-3274 or <https://www.caregiver.va.gov/>



REACH VA Telephone Support Group Program Dementia

Are you taking care of a Veteran loved one with Dementia?
Are you a Veteran taking care of another Veteran with Dementia?
The REACH VA Telephone Support Group Program can help you.

Caregiving can be very hard. The REACH VA Telephone Support Group Program teaches skills in a group format to help with problem solving, dealing with stress, and positive thinking. The Telephone Support Group Leader works with a group of caregivers to learn better ways to deal with struggles and find time to care for you as well.

The REACH VA Telephone Support Group Program is offered by the **Ralph H. Johnson VAMC** through our certified Group Leader, **Raven Neal, LCSW, LISW-CP**. To see if the program is right for you, we do require that the Veteran receive services at our local VA. The caregiver can be a Veteran caring for another Veteran or someone taking care of a Veteran.

To learn more about the program, please contact: Social Worker 843-789-6318

Annie Text Care Program

Dementia Behaviors & Stress Management protocol

Annie is Veterans Affairs (VA) text messaging service that promotes self-care for Veterans enrolled in VA health care and their caregivers. You just need a phone that can receive text messages to enroll!

If your loved one has Dementia and you need help with behaviors and coping, Annie can help.

- Annie will help you manage dementia behaviors and stress.
- You will receive text messages 7 times per week for 1 year.
- You can pause or stop at any time.
- Messages will be to teach you, motivate, tips to help with behaviors, and activities to manage stress.



Topics include:

Activities	Feelings	PTSD and Dementia
Bathing	Financial & Legal Issues	Repeated Questions
Combative	Grief	Safety Concerns
Communication	Hallucinations & Delusions	Sexuality
Confusion	Holidays	Shadowing
Dental Care	Hospitalizations	Sleeping
Depression	Incontinence	Sundowning
Dressing	Lifting and Moving	Telling Others
Driving	Medications	Traveling
Early-Stage Dementia	Navigating the VA	Visiting
Eating	Nutrition	Wandering
Environment	Organizing	

Contact your Caregiver Support Coordinator to enroll.

Annie

Keeping a person with dementia calm can be hard leading to frustration or combativeness. Annie. Click the link for combative tips: <https://tinyurl.com/y3ugwtcu>

Don't rationalize. She believes what she says. Arguing will upset her. Just agree or change the subject. Distract her - Annie.



Annie

Have I told you lately how grateful I am for all you do? Annie

If you can't change your fate, change your attitude. – Amy Tan from Annie

Make a list of tasks you must do and tackle them in order of importance. Do the high-priority items first - Annie.

5 OTHER CAREGIVER SUPPORT AND SUPPORT PROGRAM(S)

The Friendship Line: 800-971-0016

Any aging adult or person living with disabilities, who suffers from depression, loneliness, isolation, anxiousness, or may be thinking about death or suicide, can benefit from confidential phone calls with Friendship Line volunteers.

Alzheimer's Support

The Ark of Summerville

www.thearkofsc.org

843-832-2357

South Carolina Department on Aging Family Caregiver Support Program

1-800-868-9095

<https://aging.sc.gov/programs-initiatives/family-caregiver-support>

GetCareSC.com

US Department of Health and Human Services

<https://health.gov/myhealthfinder/topics/everyday-healthy-living/mental-health-and-relationships/get-support-if-youre-caregiver#panel-1>

6 VIDEO RESOURCES FOR CAREGIVERS

Caregiver training/information videos (UCLA)

(uclahealth.org)

<https://www.uclahealth.org/dementia/common-challenges-videos>

Caregiver Training Videos - UCLA Alzheimer's and Dementia Care Program - Los Angeles, CA
(uclahealth.org)

<https://www.uclahealth.org/dementia/caregiver-education-videos>

Caregiver training/information videos and links
(VA)

[https://www.caregiver.va.gov/Tips by Diagnosis/Dementia.asp](https://www.caregiver.va.gov/Tips_by_Diagnosis/Dementia.asp)

[https://www.va.gov/GERIATRICS/pages/Alzheimers and Dementia Care.asp](https://www.va.gov/GERIATRICS/pages/Alzheimers_and_Dementia_Care.asp)

ACES Webinars - UCLA Alzheimer's and Dementia Care Program - Los Angeles, CA
(uclahealth.org)

<https://www.uclahealth.org/dementia/aces-webinars>

VA Caregiver Video Series (scroll down about 1/3 of main page)

<https://www.ruralhealth.va.gov/vets/resources.asp#dem>

Common Challenges Videos - UCLA Alzheimer's and Dementia Care Program - Los Angeles, CA

7 DAY PROGRAMS

CHARLESTON AREA:

The Ark of Summerville

www.thearkofsc.org

843-832-2357

Active Day

14 Active Day centers across the state of SC

www.activeday.com/locations/find-a-location

843-762-5291 (Charleston location)

Respite Care Charleston

Several locations in the Charleston area

843-647-7405

Sea Island Adult Day Care

3627 Maybank Highway

Johns Island, SC 29457

843-559-5502

MYRTLE BEACH AREA:

Conway Adult Day Care

www.conwayaduldaycare.com

3320 4th Avenue

Conway, SC 29526

843-369-2273

Loris Adult Day Care

www.conwayaduldaycare.com

3701 Main Street

Loris, SC 29569

843-716-2425

Active Day

14 Active Day centers across the state of SC

www.activeday.com/locations/find-a-location

843-626-8501 (Grand Strand Location)

SAVANNAH AREA:

Savannah Adult Day Care

Savannahga.gov/799/Adult-Day-Care-Program

1410 Richards St.

Savannah, GA 31415

912-651-6774

Ruth Byck Adult Day Health Center

<https://seniorcitizensinc.org/adult-daytime-care>

3025 Bull Street

Savannah, GA 31405

912-236-0363

Liberty Co. Adult Day Health Center

<https://seniorcitizensinc.org/adult-daytime-care>

800 Tupelo Trail

Hinesville, GA 31313

912-877-0056

Adult Day Center – Georgia Infirmary at St.

Joseph's/Candler

<https://sjchs.org/why-sjchs/community-outreach/adult-day-center>

912-234-6694

ADVANCED CARE PLANNING

Discussion Group

WHEN

**3rd Tuesday of each
month 10:00am**

WHERE

**Web/video &
Telephone**

***Registration Required**

**If you are the caregiver of a Veteran receiving care at the
Ralph H. Johnson VAMC or CBOCs and are interested in
this class please contact Raven Neal, General Caregiver
Support Program Coordinator at 843-789-6318**

**LEARN ABOUT
HEALTH CARE
DIRECTIVES
AND STEPS TO
COMPLETE ONE**

**DISCUSS A
HEALTHCARE
DIRECTIVE
THAT LETS
YOUR
PROVIDERS
AND FAMILY
KNOW WHAT
YOUR
PERSONAL
VALUES ARE.**

**Determine
who will speak
for you if you
cannot speak
for yourself.**

**Veteran and
caregiver
must attend
together**

9 CAREGIVING TIPS

Compassionate Communication with the Memory Impaired

© by Liz Ayre: a volunteer of the Alzheimer's Association Orange County Chapter and former caregiver
From the Alzheimer's Association website: <http://www.alzsf.org/abtalz/compcomm.asp>

Don't

- Don't reason, don't argue
- Don't confront
- Don't remind them they forget
- Don't question recent memory
- Don't take it personally

Do

- Give short, one sentence explanations
- Allow plenty of time for them to take in what you are saying, then triple it
- Repeat instructions of sentences the same way
- Get rid of "but" when you speak and use "nevertheless"
- Avoid pushing – try again later
- Agree with them or distract them to a another subject or activity.
- Accept the blame when something's wrong (even if it's not real)
- Leave the room to avoid fighting or arguing if you must
- Respond to the feelings rather than the words
- Be patient, cheerful, and reassuring. Do go with the flow
- Practice 100% forgiveness. Memory loss may worsen daily
- My appeal to you: Please elevate your level of giving and being gracious

Remember

You can't control memory loss, only your reaction to it. *Kindness in word and deed will significantly heighten quality of life.*

They are not crazy or lazy. They say and do normal things for a memory impaired person. If they were trying to wear you out on purpose, they would have been found to have a mental health disease and not dementia. *Forgive them...always.* For example: They don't hide things; they protect them in safe places...and then forget. *If they say you took or stole something don't take it personally.*

Their health problem is memory loss. Asking them to remember is like asking a blind person to read. ("Did you take your pills?" "What did you do today?") *Don't ask and don't test memory!* A loss this big also takes away the capacity to reason. Expecting them to be able to reason or to accept your final decision is not likely. ("You need a shower." "Day care will be fun." "You can't live alone.") *Don't try to reason or change their mind. Give a short statement for why or search for other options.* Memory loss

produces random emotions, thoughts, and actions which you can reduce by working on all issues peacefully. *Don't argue, correct, contradict, confront, blame, or insist.*

Reminders are rarely kind to someone. They tell the patient how disabled they are—over and over again. Reminders of the recent past imply, "I remember, I'm okay; you don't, you're not." Ouch! Refer only to the present or the future. If they're hungry, don't inform them they ate an hour ago, offer a snack or set a time to eat soon. They may ask the same question repeatedly, believing each time is the first, so practice kindness in your response as if it's the first time. Some days they seem like they may be better, but they're not. They live in a different reality so a reminder won't bring them into yours. Note: For vascular dementia, giving clues may help their recall. If it doesn't work, be kind...don't remind.

Ethical problems may occur. If the patient thinks a dead spouse is alive, and truthful reminders will create sadness, what should you do? To avoid distress, try these ways of kindness: Distract to another topic, start a fun activity, or reminisce about their spouse, "I was just thinking about _____. How did you two meet?" You might even try, "He's gone for a while. Let's take our walk now."

Open-ended questions like "Where shall we go?" or "What do you want to eat/wear/do?") can be very hard and create anxiety. Give them a simple choice between two items or direct their choice, "You look great in the red blouse."

They may be scared all the time. Each patient reacts differently to fear. They may become passive, uncooperative, hostile, angry, agitated, verbally abusive, or physical. They may even do them all at different times or go back and forth between them. Anxiety may compel them to "shadow you" or follow you everywhere. Anxiety compels them to resist changes in routine, even pleasant ones. Your goal is to reduce anxiety whenever possible. Also, they can't remember what you say to help them feel safe and calm so keep saying them.

Examples of Kind Speak

Don't reason

Patient: "What doctor's appointment? There's nothing wrong with me."

Don't: (reason) "You've been seeing the doctor every three months for the last two years. It's written on the calendar, and I told you about it yesterday and this morning."

DO: (short explanation) "It's just a regular check-up." (accept blame) "I'm sorry if I forgot to tell you."

Don't question recent memory

Patient: "Hello, Mary. I see you've brought a friend with you."

Don't: (question memory) "Hi Mom. You remember Eric, don't you? or What did you do today?"

DO: (short explanation) "Hi Mom. You look wonderful! This is Eric. We work together."

Don't argue

Patient: "I didn't write this check for \$500. Someone at the bank is forging my signature."

Don't: (argue) "What? Don't be silly! The bank wouldn't be forging your signature."

DO: (respond to feelings) "That's a scary thought."

(reassure) "I'll make sure they don't do that."

(distract) "Would you help me fold the towels?"

Don't take it personally!

Patient: "Who are you? Where's my husband?"

Don't: (take it personally) "What do you mean—who's your husband? I am!"

DO: (go with the flow and reassure) "He'll be home for dinner."

(distract) "How about some milk and cookies? Would you like chocolate chip or oatmeal?"

Don't confront

Patient: "Nobody's going to make decisions for me. You can go now...and don't come back!"

Don't: (confront) "I'm not going anywhere, and you can't remember enough to make your own choices."

DO: (accept blame or respond to feelings) "I'm sorry this is a tough time."

(reassure) "I love you and we're going to get through this together."

(distract) "You know what? Don has a new job. He is really excited about it."

Do repeat exactly

Patient: "I'm going to the store for a newspaper."

Don't: (repeat differently) "Please put your shoes on...you'll need to put your shoes on."

DO: (repeat exactly) "Please put your shoes on...please put your shoes on."

Don't remind them they forget

Patient: "Joe hasn't called for a long time. I hope he's okay."

Don't: (remind) "Joe called yesterday and you talked to him for 15 minutes."

DO: (reassure) "You really like talking to Joe, don't you?" (distract) "Let's call him when we get back from our walk."

Do eliminate 'but'; substitute 'nevertheless'

Patient: "I'm not eating this. I hate chicken."

Don't: (say 'but') "I know chicken's not your favorite food, but it's what we're having for dinner."

DO: (say 'nevertheless') "I know chicken's not your favorite food, (smile) nevertheless I would be thankful if you would eat a little bit."

10 WHEN MORE CARE IS NEEDED

There are many options available to assist with long-term care needs. Some of them may be paid for by insurance (Medicaid or Medicare), the VA, or private pay. Please look at the options below and make an appointment to meet with your VA social worker who can help you make a plan that meets your care needs.

Adult Day Healthcare – available to all Veterans with certain care needs (paid for by the VA but provided by an outside program). Talk to your PACT social worker for more details and to see if you may qualify.

Homemaker/Home Health Aids – available to all Veterans with certain care needs (paid for by the VA but provided by an outside program). Talk to your PACT social worker for more details and to see if you may qualify.

Community Residential Care Facilities (RCF), also known as group homes, provide supervision, meals, can drive you to medical visits, and more. You must be able to do the basics on your own (like shower, dress, go to the bathroom, etc.). They can be paid for “out of pocket” or by a special program if you qualify for Medicaid. If you qualify for VA Aid and Attendance, that may be used to help pay the cost of an RCF. Ask your social worker for more details.

Medical Foster Home (MFH) is an alternative to nursing home in a personal home for some Veterans who can no longer live safely on their own. MFH is a type of community residential care home chosen by Veterans with chronic disabling conditions who would otherwise need to live in a nursing home, but who prefer more of a home setting for their long-term care. MFH strives for the Veteran’s independence while balancing their needed safety and support. Ask your social worker for more details.

Assisted Living Facilities (ALFs) provide a little more care and help than a residential care facility. They can help with bathing, dressing, and other needs. They also give medications to make sure that they are taken properly. They can be quite expensive and are usually NOT paid for by Medicare or Medicaid. They are often paid for “out of pocket” or with long-term care insurance policies. If you qualify for VA Aid and Attendance, that may be used to help pay the cost of an RCF. Ask your social worker for more details.

Memory Care Units are special units within assisted living facilities that provide special dementia care. They are usually “locked” units to help keep people from wandering and getting lost. These are usually NOT paid for by Medicare or Medicaid, and they can cost a lot of money. They are usually paid for “out of pocket” or with long-term care insurance policies. If you qualify for VA Aid and Attendance, that may be used to help pay the cost of an RCF. Ask your social worker for more details.

Long-term Care Nursing Home is not the same as a skilled nursing home (see below). Long-term care is for chronic health problems which will probably not get better and do not need a lot of specialized care (like intensive medical care, wound care, or rehabilitation). This is the type of nursing home care that most people with dementia need. Unfortunately, it is NOT covered by Medicare. It is covered by a special type of Medicaid only for nursing homes (a separate application is often needed). Long-term care insurance policies may help with some of the costs. Some Veterans may qualify for the nursing home benefit through the VA, but there are restrictions. Ask your social worker for more details.

Skilled Nursing Facilities (SNF) provide short-term (100 days or less) rehabilitation for certain medical issues that need a lot of specialized care (like wound care, physical therapy, speech therapy, and others). This care is often covered by Medicare (100% for up to 20 days, then 80% for the rest of the days) or may be paid for by the VA subject to availability.

State Veterans Nursing Homes provide long-term care to any Veteran (must have DD214) who has resided in South Carolina for at least one year. These often cost a lot less than other private pay nursing homes. Here is a link to the website with more information. You can also ask your social worker for more details.

<https://scdva.sc.gov/state-veterans-nursing-homes>

Placement Advisors

A Place for Mom (Advisors for placement resources)

843-300-2539

Assisted Living Locators

843-746-9404

11 DRIVING CONCERNS

Privacy laws mean that doctors cannot report unsafe drivers to the DMV (i.e., those with people who have seizures, dementia, etc). Doctors may only make notes in the chart about safety concerns or advise someone not to drive. If there are questions, your doctor may advise that you have a professional driving evaluation.

Charleston Area:

Rusty's Auto Driver Training Inc.
843-821-1580

www.rustysdrivingschoolsc.com

Roper Driving Solutions Program

www.rsfh.com/rehabilitation-services/rehab-hospital/driving-program

Referrals accepted from case managers, doctors, healthcare professionals, agencies, insurance companies, Medicare, Medicaid, Vocational Rehabilitation, or Worker's Compensation. In most cases, driving evaluation and/or training is NOT covered by insurance. To schedule, contact the Outpatient Occupational Therapy Department at 843-724-2870.

Beyond Driving with Dignity Program
Serving the Charleston and Savannah area
843-233-9251

ray@seniorcareauthority.com

www.Seniorcare-Lowcountry-Sc-GA.com

Myrtle Beach Area:

Ian McClure COTA/L, CDI, CDRS, CSO
COTA/Driver Rehabilitation Specialist
Tidelands Health

3650 Coalition Drive

Myrtle Beach, SC 29578

Office: (843) 652-8252

imcclure@tidelandshealth.org

Savannah Area:

Memorial Health – Driving Visions

<https://memorialhealth.com/specialties/physical-therapy-and-rehabilitation/>

Requires a referral from a physician.

912-350-7128

Beyond Driving with Dignity Program
Serving the Charleston and Savannah area
843-233-9251

ray@seniorcareauthority.com

www.Seniorcare-Lowcountry-Sc-GA.com

So, what can you do when your loved one has been told that they should not be driving, but they will not freely give up driving?

1. Report them to the DMV. The Department of Motor Vehicles allows people to report unsafe drivers, often without giving their names. Anyone can file a report. This way, your loved one won't blame you for taking away their license. They'll blame the DMV. Usually, the DMV will call the driver back for a re-test, even if their license hasn't expired. Contact your local DMV to find out what is needed in your state to request a re-test. If you don't feel comfortable filing a DMV report, speak confidentially with their doctor and share your concerns. Ask the doctor to write a letter that you can take to the DMV.
2. Use their forgetfulness to your advantage. Rather than talking about it which may lead to fighting, anger, or depression; you can remove the car or other reminders of driving (i.e., keys) and keep them busy with something else until they forget about driving.

3. It's okay to tell "little white lies." If you are going to take away their car and want to avoid a fight, you should plan for a relative or close friend to "borrow" the car. A younger relative might tell your loved one that they really need the car for school or a job, while a close friend might say that their own car is in the shop. Once you have the car out of sight, it's up to you whether to keep, sell, or give away the car.

Another option might be to tell them that their car needs major repairs and is in the shop. If your loved one wonders why it's taking so long, you can tell them that the part is on back-order, that the repairs cost more than the value of the car, or that the mechanic says it's not able to be fixed.

You may also tell them that the car needs to be sold to help a relative who really needs money.

4. Hide the Keys. Many people just take away the keys. It's best to do this when your loved one is asleep or not around so that they don't suspect you. When they ask where the keys are, you can tell them you don't know and even offer to help find them. Of course, they may be able to get a new set of keys, so this may not always work. If your loved one has access to other cars (i.e., your car), they might try to take your keys and drive another car. So, make sure to hide your own keys and park where they can't see the car.

5. Disable the car. In the end, you may have to disable the car. You could do something like unplugging the battery or putting a steering wheel lock on the car (i.e., "The Club")

12 FINANCIAL ASSISTANCE

Shelter Net emergency funds up to \$300 for rent or utilities. Additional info on their website.

Aid for Veterans: Housing and utility bill assistance through SSVF Program. Please call 843-628-1290.

Caregiving Program- Independence Fund: 888.851.7996

<https://www.independencefund.org/apply-for-assistance/>

13 HOME SAFETY TIPS

Your Home Safety Check List

Safety from Wandering and Getting Lost

- Send for medical ID bracelet(s)
- Give the name and a recent photo to the local police
- Tell trusted neighbors that the person might get lost
- Use a motion sensor at the exit door or door to a risky room
- Put a slide-bolt lock at the top or bottom of the exit doors
- Lock sliding glass doors with a lock or wooden dowel

Making the Kitchen Safer

- Remove or cover stove knobs
- Lock or hide medicines (including over-the-counters and herbal)
- Lock poisons (like cleaning supplies) in a cabinet or closet
- Remove knives and scissors from the counter tops
- Unplug electrical appliances

Making the Bathroom Safer

- Install safety rails in the tub and shower
- Use non-skid appliqués or mats in the shower and tub
- Use a bench in the tub or shower
- Replace shower head with hand-held shower
- Remove glass shower doors and replace with a shower curtain
- Use a cordless, rechargeable electric shaver in place of a razor

Moving About Your Home Safely

- Highlight step edges with contrasting tape
- Increase the brightness of lamps and fixtures
- Use nightlights in the bathroom and hallways
- Remove scatter rugs
- Use nonskid rugs in the bathroom, kitchen, and entrances
- Replace extension cords with surge protectors

Driving, Smoking, Tools and Guns

- Help the person stop driving
- Hide the car keys
- Help the person stop smoking
- Hide all reminders of smoking
- Remove power tools or lock in the garage
- Store all firearms in a locked cabinet or closet
- Use a gun lock

Preparing for Emergencies

- Put emergency phone numbers at every telephone
- Program emergency phone numbers into your cell phone
- Keep a telephone and flashlight at your bedside
- Hide a spare key outside the house
- Install smoke alarms and carbon monoxide alarms on each level of your home

14 BOOKS FOR CAREGIVERS

The 36-Hour Day by Nancy L. Mace M.A., Peter V. Rabins M.D. M.P. H.

Caregiving: Hospice-Proven Techniques for Healing Body and Soul by Douglas C. Smith

Caregiver Helpbook by Legacy Caregiver Services (also in Spanish)

Caregiving 101 by Donna Trickett

A Caregiver's Journey by Karen L. Twichell

A Bittersweet Season: Caring for your Aging Parents and Ourselves by Jane Gross

Caring for your Aging Parent by Raeann Burman, Bernard Shulman M.D.

They're Your Parents Too! How Siblings Can Survive Their Parents Aging Without Driving Each Other Crazy by Francene Russo

I'll Take Care of You: A Practical Guide for Family Caregivers by Joseph A. Ilardo, Carole R. Rothman

Caregiving: The Spiritual Journey of Love, Loss and Renewal by Beth Witrogen McLeod

Alzheimer Caregiving: Lessons from a Surviving Spouse by Richard J. Farrell

Alzheimer Diary a Wife's Journal by Michelle Montgomery

The Magic of Humor in Caregiving by James R. Sherman

Chicken Soup for the Caregiver's Soul by Jack Canfield, Mark Victor Hansen, LeAnn t L.P.N., Rosalyn Carter

Helping Yourself Help Others by Rosalyn Carter, Susan Golant M.A.

Ambiguous Loss by Pauline Boss

Take Comfort, Reflections of Hope for Caregivers by Denise M. Brown

Take Comfort, Too Reflections of Hope for Caregivers by Denise M. Brown

A Dignified Life by Virginia Bell M.S.W., David Troxel M.P.H.

Counting on Kindness by Wendy Lustbader

When Life Becomes Precious by Elise Babcock

Another Country by Mary Pipher, Ph.D.

No Death no Fear: Comforting Wisdom for Life by Thich Nhat Hanh



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Memory Assessments and Research

At the SC Institute for Brain Health (SCIBH), we are committed to the study of memory related diseases, including Alzheimer's disease. We provide Veterans with free evaluations of memory and thinking. These evaluations can help determine if you are able to take part in current and future research studies. They also give Veterans and their health care providers valuable information to help with treatment decisions.

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